

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2017
--	--	---	--

NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CEI	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observation on 08/21/2017 at 9:20 AM, revealed a penetration by the sprinkler riser sealed with mixed fire stopping materials in the sprinkler riser room. NFPA 101, 8.3.5 (2012 Edition)</p> <p>2. Observation on 08/21/2017 at 9:22 AM, revealed a penetration by a 1 inch metal sleeve filled with a bundle of wires not sealed properly in the outside mechanical room. NFPA 101, 8.3.5 (2012 Edition)</p> <p>3. Observation on 08/21/2017 at 9:23 AM, revealed penetrations by a 2 inch water pipe and a ½ inch conduit in the ceiling of the outside mechanical room. NFPA 101, 8.3.5 (2012 Edition)</p> <p>4. Observations on 08/21/2017 between 9:25AM - 9:31AM, revealed unsealed penetrations in the following locations:</p> <p>a. ½ in copper pipe x4 (outside mechanical room by lockers)</p> <p>b. 2 inch insulated copper pipe (outside</p>	N 831	<p>N831 1200-8-6-.08 (1) Building Standards</p> <p>Plan of Correction:</p> <ol style="list-style-type: none"> Maintenance Director began working on all identified penetrations mentioned at exit interview. 8/21/17 Maintenance Director will do a 100 percent audit to ensure no penetrations throughout facility by 10/1/17. Maintenance Director will do 100 percent audit for three (3) months and then quarterly for six (6) months. Maintenance Director will review audit in QAPI meeting for six (6) months. Completion Date 10/1/17 	10/1/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

[Signature]

9/14/17

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/21/2017
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CEI			STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 831	Continued From page 1 mechanical room by lockers) c. 4 inch metal pipe (outside mechanical room by lockers) d. 1 ½ inch water pipe (outside mechanical room by lockers) e. ½ inch conduit (outside mechanical room by lockers) f. 2 ½ inch conduit (outside electrical room) g. 1 inch water pipe (outside electrical room) h. 2 inch metal sleeve with bundle of wires (outside electrical room) i. ¾ inch copper pipe x2 (housekeeping office) j. 2 ½ inch conduit (laundry room behind dryers) k. 2 ½ inch conduit (soiled linen) NFPA 101, 8.3.5 (2012 Edition) Maintenance staff was present when these deficiencies were identified and they were later acknowledged by the administrator during the exit conference on 08/21/2017.	N 831			
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain a negative air pressure.	N 848			

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2017
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	Continued From page 2 The findings included: Observations on 08/21/2017 between 9:31AM - 9:56AM, revealed the following locations do not have negative air. 1. Housekeeping office (chemical storage) 2. Soiled linen 3. Women's locker room 4. 100 Hall soiled utility The administrator was present when these deficiencies were identified, and were acknowledged by the maintenance director and administrator during the exit conference on 8/21/2017.	N 848	N848 1200-8-6-08 (18) Building Standards Plan of Correction: 1. Maintenance Director fixed the negative air pressure by fixing the exhaust fan belt on two units on 8/21/17. 2. Maintenance Director did a 100 percent audit on all negative air pressure in the facility to ensure compliance on 8/24/17. 3. Maintenance Director will do a 100 percent audit for three (3) months to ensure compliance and then quarterly for (6) months. 4. Maintenance Director will review audit in QAPI meeting monthly for six (6) months to ensure compliance. Completion Date: 10/1/17	10/1/17